



RESEARCH BRIEF

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Referential Terms for Homeless Populations: National Surveys of Adults with Lived Experiences, Researchers, Providers, and Policymakers

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What do we know?

Over the past three decades, increased sensitivity and attention to the potential importance of language when describing and referring to marginalized and vulnerable groups in society have occurred. In some sectors of the healthcare field, a shift away from using certain terms has happened; for example, some prefer “patient” to “consumer,” “client,” “customer,” or “user” (Deber, Kraetschmer, Urowitz, & Sharpe, 2005). This shift is partly due to a movement towards patient-centered care and respect for personal preferences around healthcare approaches.

There have also been concerns that some terms have negative historical connotations or may be stigmatizing (DC Fiscal Policy Institute, 2017). For example, in contemporary psychiatry, it is now more common and accepted to refer to somebody as a “person with schizophrenia” instead of a “schizophrenic.” The former term employs person-first language and a description of a state/condition instead of referring to the person by their state/condition. However, this terminology has not been universally accepted across health conditions. For instance, there is an active debate about referring to people with autism as “autistic” versus “person with autism” with studies finding autistic adults and their families tend to prefer the former term while providers seem to prefer the latter term (Kenny et al., 2016). Autistic adults have described the

importance of recognizing their autism and their difference from others as part of their identity (Kenny et al., 2016).

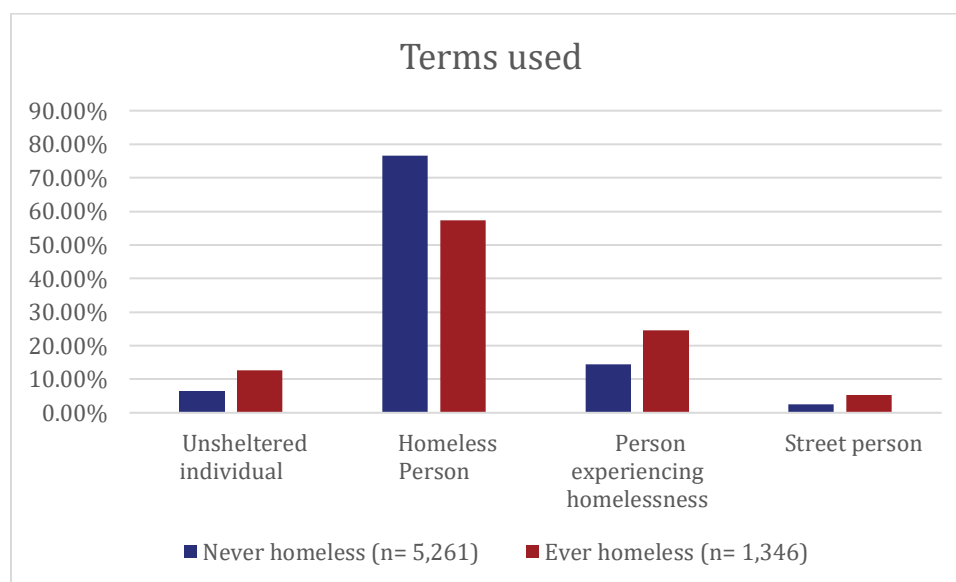
In the field of homeless services and research, the use of terms has largely been unexplored. But a variety of different terms have been used to refer to people with different experiences of homelessness (e.g., transiently vs. chronically homeless, unsheltered vs. sheltered homeless) as well as people who are at-risk of homelessness (e.g., unstably housed vs. housing insecure) and people who *were* homeless (e.g., formerly homeless vs. homeless-experienced). There have also been ongoing discussions about how best to describe the state of homelessness itself (e.g., homelessness vs. houselessness).

New information provided by the study

We conducted a nationally representative survey of 6,607 middle- and low-income U.S. adults with and without lived experiences of homelessness in 2020 and a separate national survey of 354 U.S. researchers, providers, and policymakers working in the homeless service field about terms they use when referring to homeless populations.

Among middle- and low-income adults, the majority (70-73%) reported using the term “homeless person.” The graph below shows a breakdown by adults with and without lived experience of homelessness on different terms used; those with lived experience were more likely to report using “person experiencing homelessness” when compared to those with no lived experience.

Table. Terms Used by Middle- and Low-Income Adults by Lived Experience of Homelessness



When providers, researchers, and policy makers were surveyed, the most frequently used term across these stakeholder groups (39-55%) was “person experiencing homelessness” and about 19-41% used the term “homeless person” instead. There was little difference in terms used when speaking versus writing about homeless populations. In conclusion, most stakeholder groups agree that “homeless person” or “person experiencing homelessness” are common and

acceptable terms. Because language usage may vary by background, profession, and individual, it may be best practice to ask individuals what terms they prefer to use.

References

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